Image# 12970216904 PAGE 1 / 44

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	or Other Than	All Additionized	Committee		Office Use Only				
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		mple: If typir r the lines.	ng, type	12FE4M5				
AMERICAN SOCIETY	OF INTERVE	NTIONAL PA	AIN PHYS	SICIAN PA	AC				
ADDRESS (number and street)	2831 Lone Oak R	oad							
Check if different									
than previously reported. (ACC)	Paducah				KY [42003			
2. FEC IDENTIFICATION NU	MBER ▼	CITY		S	STATE A	ZIP CODE	<u> </u>		
C C00351197		3. IS THIS REPORT	~	N) OR	AM (A)	ENDED			
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q2 Quarterly Report (Q3 Quarter	(c) 12-Day PRE-EI Report (d) 30-Day	for the: Election on		12C)	Sep	20 (M9) De (No Yea 20 (M10) Jan 212G) Run 112S) in the State of	v 20 (M11) n-Election r Only) c 20 (M12) n-Election r Only) n 31 (YE) noff (12R)		
5. Covering Period 07	01	2011	through	12	31	2011			
I certify that I have examined this Type or Print Name of Treasurer	·	•	wledge and b	pelief it is true	e, correct and	l complete.			
Signature of Treasurer Laxma	uiah Manchikanti		[Electronically	Filed] Da	ate 01		012		
NOTE: Submission of false, errone	ous, or incomplete	information may su	bject the pers	son signing thi	is Report to th	e penalties of 2 U.S.	C. §437g.		
Office Use Only						FEC FORM Rev. 12/2004	3X 		

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2011		270918.90
	(b) Cash on Hand at Beginning of Reporting Period	294547.39	
	(c) Total Receipts (from Line 19)	71313.46	156192.2
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	365860.85	427111.1
7.	Total Disbursements (from Line 31)	66013.87	127264.1
3.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	299846.98	299846.9
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Rep	port Covering the Period: From: 07		12 / 31 / 2011
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From: a) Individuals/Persons Other Than Political Committees		
	(i) Itemized (use Schedule A)	57076.28	128233.93
	(ii) Unitemized(iii) TOTAL (add	1750.00	5053.66
	Lines 11(a)(i) and (ii)	58826.28	133287.59
`	b) Political Party Committees	0.00	0.00
Ì	c) Other Political Committees (such as PACs)	0.00	0.00
12]	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) Transfers From Affiliated/Other	58826.28	133287.59
	Party Committees	0.00	0.00
13. <i>A</i>	All Loans Received	0.00	0.00
15. (oan Repayments Received	0.00	0.00
(16. F	Refunds, Rebates, etc.) Carry Totals to Line 37, page 5)	0.00	0.00
F	o Federal Candidates and Other Political Committees	0.00	0.00
(Other Federal Receipts Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	12487.18	22904.65
_	a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
	Total Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))▶	71313.46	156192.24
	otal Federal Receipts subtract Line 18(c) from Line 19)▶	71313.46	156192.24

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. C	Operating Expenditures: a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Jaiolidai Tour to Buto
	(i) Federal Share	0.00	0.00
	()		
,,	(ii) Non-Federal Share	0.00	0.00
(1	o) Other Federal Operating	19013.87	27264.16
(1	Expenditures c) Total Operating Expenditures	19013.07	2/204.10
(1	(add 21(a)(i), (a)(ii), and (b))▶	19013.87	27264.16
Т	ransfers to Affiliated/Other Party	7	
C	Committees	0.00	0.00
F	Contributions to ederal Candidates/Committees nd Other Political Committees	47000.00	100000.00
Ir	ndependent Expenditures		
(1	use Schedule E)	0.00	0.00
(<u>'</u>	Coordinated Party Expenditures 2 U.S.C. §441a(d)) use Schedule F)	0.00	
(ı	use Schedule F)	0.00	0.00
	December 19 Mark	0.00	0.00
L	oan Repayments Made	0.00	0.00
	oans Made	0.00	0.00
F	lefunds of Contributions To:	7	
(6	a) Individuals/Persons Other Than Political Committees	0.00	0.00
(1	o) Political Party Committees	0.00	0.00
(0	c) Other Political Committees		
	(such as PACs)	0.00	0.00
	d) Total Contribution Refunds		
(1	d) Total Contribution Refunds (add Lines 28(a), (b), and (c))▶	0.00	0.00
	(add Lines 20(a), (b), and (c),	7	
C	Other Disbursements	0.00	0.00
		7	
F	ederal Election Activity (2 U.S.C. §431(20))		
(8	a) Allocated Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	0.00	7
	(ii) "Levin" Share	0.00	0.00
(1	b) Federal Election Activity Paid Entirely		
(,	With Federal Funds	0.00	0.00
(0	c) Total Federal Election Activity (add		
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
	otal Disbursements (add Lines 21(c), 22,		
2	3, 24, 25, 26, 27, 28(d), 29 and 30(c))	66013.87	127264.16
_	otal Fadaral Diahiiraamanta		
	otal Federal Disbursements subtract Line 21(a)(ii) and Line 30(a)(ii)		
	om Line 31)	66013.87	127264.16
"	OIII	30010.01	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

1 20 1 01111 0x (1101. 02/2000)		i ago o
III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	58826.28	133287.59
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	58826.28	133287.59
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	19013.87	27264.16
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
88. Net Operating Expenditures (subtract Line 37 from Line 36)	19013.87	27264.16

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE	PAGE		6	OF		44			
(check only one)									
X 11a		11b		11c		12			
13		14		15		16	;		17

or for commercial purposes, other than using	the name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	ITERVENTIONAL PAIN PHYSICIAN	N PAC
Full Name (Last, First, Middle Initial) Ajay Aggarwal MD Mailing Address 4525 Teas St.		Date of Receipt
City Bellaire	State Zip Code TX 77401	Transaction ID : SA11AI.9898 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	251.00 Contribution
AATX ABC MDPA Receipt For: Primary General Other (specify) ▼	Physician Aggregate Year-to-Date ▼ 251.00	
Full Name (Last, First, Middle Initial) Ajay Aggarwal MD Mailing Address 4525 Teas St.		Date of Receipt 12 28 2011
City Bellaire	State Zip Code TX 77401	Transaction ID : SA11AI.9958 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer AATX ABC MDPA	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 616.00	
Full Name (Last, First, Middle Initial) Eduardo Anguizola MD	•	Date of Receipt
Mailing Address 1401 N Tustin Ave Suite 140 City	State Zip Code	07 06 2011 Transaction ID : SA11AI.9857
Santa Ana FEC ID number of contributing federal political committee	CA 92705	Amount of Each Receipt this Period 500.00
federal political committee. Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
SUBTOTAL of Receipts This Page (optional	l) >	1116.00
	ber only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using	the name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	TERVENTIONAL PAIN PHYSICIAN	N PAC
Full Name (Last, First, Middle Initial) Eduardo Anguizola MD Mailing Address 1401 N Tustin Ave Suite 140 City Santa Ana FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary Other (specify) Full Name (Last, First, Middle Initial)	State Zip Code CA 92705 C Occupation Physician Aggregate Year-to-Date ▼ 1865.00	Date of Receipt 11 15 2011 Transaction ID: SA11AI.9925 Amount of Each Receipt this Period 365.00 Contribution
Mailing Address 5417 Villiage Run		Date of Receipt 12 30 2011
City	State Zip Code	Transaction ID : SA11AI.9970
Roanoke	VA 24018	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	Contribution
Pain Management Center	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) C. Richard Belatti MD		Date of Receipt
Mailing Address 9853 Harney Parkway So.		11 08 2011
City Omaha	State Zip Code NE 68114	Transaction ID : SA11AI.9907 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	Contribution
Medical Pain Center PC	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional)	····	2365.00
TOTAL This Period (last page this line numb	per only)	

Use separate schedule(s) for each category of the Detailed Summary Page

						PAGE	8	OF	44
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or for commercial purposes, other than using	the name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	TERVENTIONAL PAIN PHYSICIAN	N PAC
Full Name (Last, First, Middle Initial) A. Ramsin Benyamin MD Mailing Address 5 Mallard Ct.		Date of Receipt
City Blommington FEC ID number of contributing federal political committee. Name of Employer Millennium Pain Center Receipt For: □ Primary □ General □ Other (specify) ▼	State Zip Code IL 61704 C Occupation Physician Aggregate Year-to-Date ▼ 1000.00	12 30 2011 Transaction ID : SA11AI.9964 Amount of Each Receipt this Period 1000.00 Contribution
Full Name (Last, First, Middle Initial) Jeffrey Berg MD Mailing Address 12206 Lucas Lane City	State Zip Code	Date of Receipt 11 08 2011 Transaction ID : SA11AI.9908
Louisville FEC ID number of contributing federal political committee.	KY 40223	Amount of Each Receipt this Period 500.00
Name of Employer Self Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 500.00	- Contribution
Full Name (Last, First, Middle Initial) Mark Boswell MD, PhD Mailing Address 4604 101st Street	<u>'</u>	Date of Receipt 12 30 2011
City Lubbock FEC ID number of contributing federal political committee.	State Zip Code TX 79423	Transaction ID : SA11AI.9965 Amount of Each Receipt this Period 1000.00
Name of Employer Texas Tech University Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 1000.00	Contribution
SUBTOTAL of Receipts This Page (optional)	2500.00
TOTAL This Period (last page this line num	ber only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:						PAGE		9	OF		44
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or for commercial purposes, other than using	g the name and address of any political committee	to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	NTERVENTIONAL PAIN PHYSICIAI	N PAC					
Full Name (Last, First, Middle Initial) Mark Clark, MD Mailing Address 3735 Norton Hills Road		Date of Receipt					
City	City State Zip Code						
Norton Shores	MI 49441	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	500.00					
Name of Employer	Occupation	Contribution					
UAP Clinic	Physician						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00						
Full Name (Last, First, Middle Initial) John Culclasure MD	•	Date of Receipt					
Mailing Address 3325 Love Circle	7.0.1	07 27 2011					
City Nashville	State Zip Code TN 37212	Transaction ID : SA11AI.9864					
FEC ID number of contributing federal political committee.	C 3/212	Amount of Each Receipt this Period					
Name of Employer	Occupation	Contribution					
Nerosurgical Assc.	Physician						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00						
Full Name (Last, First, Middle Initial) C. John Culclasure MD	•	Date of Receipt					
Mailing Address 3325 Love Circle		08 27 2011					
City Nashville	State Zip Code TN 37212	Transaction ID : SA11AI.9873 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	100.00					
Name of Employer	Occupation	Contribution					
Nerosurgical Assc.	Physician						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	800.00						
SUBTOTAL of Receipts This Page (options	al)	700.00					
TOTAL This Period (last page this line nun	nber only)						

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using t	he name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INT	TERVENTIONAL PAIN PHYSICIAN	I PAC
Full Name (Last, First, Middle Initial) John Culclasure MD		Date of Receipt
Mailing Address 3325 Love Circle		09 27 2011
City Nashville	State Zip Code TN 37212	Transaction ID : SA11AI.9880
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 100.00
Name of Employer Nerosurgical Assc. Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 900.00	Contribution
Full Name (Last, First, Middle Initial) John Culclasure MD Mailing Address 3325 Love Circle City	State Zip Code	Date of Receipt 10 27 2011 Transaction ID: SA11AI.9888
Nashville FEC ID number of contributing federal political committee. Name of Employer Nerosurgical Assc. Receipt For: Primary General	TN 37212 C Occupation Physician Aggregate Year-to-Date ▼	Amount of Each Receipt this Period 100.00 Contribution
Other (specify) ▼ Full Name (Last, First, Middle Initial) John Culclasure MD Mailing Address 3325 Love Circle	1000.00	Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City Nashville FEC ID number of contributing federal political committee. Name of Employer Nerosurgical Assc. Receipt For: Primary General Other (specify)	State Zip Code TN 37212 C Occupation Physician Aggregate Year-to-Date ▼ 1100.00	Amount of Each Receipt this Period 100.00 Contribution
SUBTOTAL of Receipts This Page (optional).	·····	300.00
TOTAL This Period (last page this line number	er only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INT	ERVENTIONAL PAIN PHYSICIAN	I PAC
Full Name (Last, First, Middle Initial) John Culclasure MD		Date of Receipt
Mailing Address 3325 Love Circle		12 27 2011
City	State Zip Code	Transaction ID : SA11AI.9954
Nashville	TN 37212	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	Contribution
Nerosurgical Assc.	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1200.00	
Full Name (Last, First, Middle Initial) Bart Edminston MD		Date of Receipt
Mailing Address 1816 Shelby Lane	12 12 2011	
City Ocean Springs	State Zip Code MS 39564	Transaction ID : SA11AI.9953 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	Contribution
River Hospital System	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Richard Epter MD		Date of Receipt
Mailing Address P.O. Box 211839		07 27 2011
City	State Zip Code GA 30917	Transaction ID : SA11AI.9865
Augusta	GA 30917	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	Contribution
Augusta Pain Center	Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	3000.00	
SUBTOTAL of Receipts This Page (optional)		850.00
TOTAL This Period (last page this line number	er only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	. ′	12	OF		44	
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or for commercial purposes, other than using	the name and address of any political committee t	to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	ITERVENTIONAL PAIN PHYSICIAN	N PAC
Full Name (Last, First, Middle Initial) A. Richard Epter MD Mailing Address P.O. Box 211839		Date of Receipt
City	State Zip Code	08 27 2011 Transaction ID : SA11AI.9874
Augusta	GA 30917	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	Contribution
Augusta Pain Center	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3500.00	
Full Name (Last, First, Middle Initial) Richard Epter MD	'	Date of Receipt
Mailing Address P.O. Box 211839		09 27 2011
City	State Zip Code GA 30917	Transaction ID : SA11AI.9881
Augusta FEC ID number of contributing	300.1	Amount of Each Receipt this Period
federal political committee.	C	500.00
Name of Employer	Occupation	Contribution
Augusta Pain Center	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4000.00	
Full Name (Last, First, Middle Initial) C. Richard Epter MD		Date of Receipt
Mailing Address P.O. Box 211839		10 27 2011
City	State Zip Code	Transaction ID : SA11AI.9889
Augusta	GA 30917	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	Contribution
Augusta Pain Center	Physician	1
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	4500.00	
SUBTOTAL of Receipts This Page (optiona	1)	1500.00
TOTAL This Period (last page this line num	ber only)	

Use separate schedule(s) for each category of the Detailed Summary Page

						PAGE		13	OF		44
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or for commercial purposes, other than using	the name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	ITERVENTIONAL PAIN PHYSICIAN	N PAC
Full Name (Last, First, Middle Initial) Frank Falco MD Mailing Address 108 Woodele Prive		Date of Receipt
Mailing Address 108 Woodale Drive	0	07 06 7 2011
City Kennett Square	State Zip Code PA 19348	Transaction ID : SA11AI.9868 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5000.00
Name of Employer Mid-Atlantic Pain	Occupation Physician	- Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	-
Full Name (Last, First, Middle Initial) Mayo Friedlis MD Mailing Address 3031 Javier Road #100	Date of Receipt 07 19 2011	
City	State Zip Code	Transaction ID : SA11AI.9861
Fairfax FEC ID number of contributing federal political committee.	VA 22031	Amount of Each Receipt this Period 5000.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
Full Name (Last, First, Middle Initial) C. Jon Geffen MD		Date of Receipt
Mailing Address 1515 Martin Luther King J	Ir. Way	11 15 2011
City Tacoma	State Zip Code WA 98405	Transaction ID : SA11AI.9922 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Puget Sound Spine Institute	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	-
SUBTOTAL of Receipts This Page (optional	l)	10365.00
	ber only)	

Use separate schedule(s) for each category of the Detailed Summary Page

					PAGE	1	14	OF		44	
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or for commercial purposes, other than using th	e name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INT	ERVENTIONAL PAIN PHYSICIAN	I PAC
Full Name (Last, First, Middle Initial) Scott Glaser MD Mailing Address 134 E 4th Street		Date of Receipt
City Hinsdale FEC ID number of contributing	State Zip Code IL 60521	7 19 2011 Transaction ID : SA11Al.9862 Amount of Each Receipt this Period 304.16
rederal political committee. Name of Employer Pain Spec.of Greater Chicago Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 304.16	Contribution
Full Name (Last, First, Middle Initial) Scott Glaser MD Mailing Address 134 E 4th Street	Date of Receipt 08 26 2011	
City Hinsdale FEC ID number of contributing federal political committee.	State Zip Code IL 60521	Transaction ID : SA11AI.9871 Amount of Each Receipt this Period 304.16
Name of Employer Pain Spec.of Greater Chicago Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 608.32	Contribution
Full Name (Last, First, Middle Initial) Scott Glaser MD Mailing Address 134 E 4th Street City	State Zip Code	Date of Receipt 09 29 2011 Transaction ID : \$A11A1 9883
Hinsdale FEC ID number of contributing federal political committee. Name of Employer Pain Spec.of Greater Chicago Receipt For: Primary General Other (specify)	Occupation Physician Aggregate Year-to-Date 912.48	Transaction ID : SA11AI.9883 Amount of Each Receipt this Period 304.16 Contribution
SUBTOTAL of Receipts This Page (optional)		912.48
TOTAL This Period (last page this line number		

Use separate schedule(s) for each category of the Detailed Summary Page

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		13		14		15		16			17	

or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	TERVENTIONAL PAIN PHYSICIAN	I PAC
Full Name (Last, First, Middle Initial) Scott Glaser MD		Date of Receipt
Mailing Address 134 E 4th Street		10 27 2011
City Hinsdale	State Zip Code IL 60521	Transaction ID : SA11AI.9890 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	304.16
Name of Employer Pain Spec.of Greater Chicago	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1216.64	
Full Name (Last, First, Middle Initial) Scott Glaser MD Mailing Address 134 E 4th Street		Date of Receipt
City Hinsdale	State Zip Code IL 60521	Transaction ID : SA11AI.9944 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	304.16
Name of Employer Pain Spec.of Greater Chicago	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1520.80	
Full Name (Last, First, Middle Initial) C. Scott Glaser MD		Date of Receipt
Mailing Address 134 E 4th Street		12 27 _ 2011 _
City Hinsdale	State Zip Code IL 60521	Transaction ID : SA11AI.9955 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	304.16
Name of Employer Pain Spec.of Greater Chicago	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1824.96	
SUBTOTAL of Receipts This Page (optional).		912.48
TOTAL This Period (last page this line number	er only)	

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INT	ERVENTIONAL PAIN PHYSICIAN	I PAC
Full Name (Last, First, Middle Initial) Steven Granberg MD Mailing Address 16011 Forest Lawn Court		Date of Receipt
Mailing Address 16011 Forest Lawn Court		09 12 2011
City St. Louis	State Zip Code MO 63128	Transaction ID : SA11AI.9877 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Millennium Pain Management Receipt For:	Occupation Physician	- Contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) William Jones MD Mailing Address 165 North village Avenue, su	uite 5	Date of Receipt 09 29 2011
City Rockville	State Zip Code NY 11570	Transaction ID : SA11AI.9884
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 365.00
Name of Employer Rockville Pain Management	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 565.00	
Full Name (Last, First, Middle Initial) Todd Joye MD		Date of Receipt
Mailing Address 825 Fiddlers Point Lane		12 28 2011 _
City Mt. Pleasant	State Zip Code SC 29464	Transaction ID : SA11AI.9959 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Anest Assoc of Charleston	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)		2365.00
TOTAL This Period (last page this line number	r only)	

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or for commercial purposes, other than using	the name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	TERVENTIONAL PAIN PHYSICIAN	N PAC
Full Name (Last, First, Middle Initial) Laurie Kabins MD		Date of Receipt
Mailing Address 6308 8th Avenue		11 08 2011
City	State Zip Code	Transaction ID: SA11AI.9913
Kenosha	WI 53143	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	Contribution
United Hospital	Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	500.00	
Full Name (Last, First, Middle Initial) Magdalene Kerschner MD		Date of Receipt
Mailing Address 3441 Ivy Hills Blvd.	01.11 Tr. C. I	07 27 2011
City Cincinnati	State Zip Code OH 45244	Transaction ID : SA11AI.9866
FEC ID number of contributing		Amount of Each Receipt this Period
federal political committee.	C	166.66
Name of Employer	Occupation	Contribution
Self	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1166.62	
Full Name (Last, First, Middle Initial) Magdalene Kerschner MD		Date of Receipt
Mailing Address 3441 lvy Hills Blvd.		08 27 2011
City Cincinnati	State Zip Code OH 45244	Transaction ID : SA11AI.9875 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	166.66
Name of Employer	Occupation	Contribution
Self	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1333.28	
SUBTOTAL of Receipts This Page (optional)		833.32
TOTAL This Period (last page this line numb	er only)	

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or for commercial purposes, other than using	the name and address of any political committee	to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	TERVENTIONAL PAIN PHYSICIAI	N PAC
Full Name (Last, First, Middle Initial) Dr. Sayeed Khan Mailing Address 1927 Stonycroft Lane		Date of Receipt
City Bloomfield Hills	State Zip Code MI 48304	Transaction ID : SA11AI.9900 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	365.00 Contribution
Doloran Pain Management Receipt For: Primary General Other (specify) ▼	Physician Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) 3. David Kloth MD Mailing Address 4 Old Bedow Mountain Ro	ad	Date of Receipt 11 15 2011
City Ridgehold	State Zip Code CT 00877	Transaction ID : SA11AI.9923 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5000.00 Contribution
Name of Employer Connecticut Pain Care, PC Receipt For:	Occupation Physician Aggregate Veer to Date	_
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
Full Name (Last, First, Middle Initial) Scott Kowalski MD		Date of Receipt
Mailing Address 22453 Reversey	Chata 7:- O-d-	11 08 2011
City Saint Clair Shores	State Zip Code MI 48080	Transaction ID : SA11AI.9916 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Detroit Medical Center	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (optional) >	5730.00
TOTAL This Period (last page this line numl	per only)	

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or for commercial purposes, other than using	g the name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	NTERVENTIONAL PAIN PHYSICIAN	N PAC
Full Name (Last, First, Middle Initial) Jonathan Kuo MD Mailing Address 75 WAll Street		Date of Receipt
City New York	State Zip Code NY 10005	11 22 2011 Transaction ID : SA11AI.9942 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Self	Occupation Physician	365.00 Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Benjamin Lampert MD Mailing Address 4367 E. Bogey Ct.		Date of Receipt 11 21 2011
City Springfield	State Zip Code MO 65809	Transaction ID : SA11AI.9931 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer St. John's Physicians	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
Full Name (Last, First, Middle Initial) C. Ronald Laub MD		Date of Receipt
Mailing Address 3405 Muirfield Dr.		08 25 2011
City Colorado Springs	State Zip Code CO 80907	Transaction ID : SA11AI.9870 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	ul)	1865.00
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or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INTI	ERVENTIONAL PAIN PHYSICIAN	I PAC
Full Name (Last, First, Middle Initial) Anthony LoMonaco DO Mailing Address 104 Cedar Road North		Date of Receipt
City	State Zip Code	11 22 2011 Transaction ID : SA11AI.9935
Medford	MA 02155	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Beverly Anesthesia Associates	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) Other	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Edward Magaziner MD Mailing Address 2186 Route 27	•	Date of Receipt 11 08 2011
City New Brunswick	State Zip Code NJ 08902	Transaction ID : SA11AI.9917
FEC ID number of contributing federal political committee.	C 08902	Amount of Each Receipt this Period 385.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 385.00	
Full Name (Last, First, Middle Initial) C. Ben Parish MD		Date of Receipt
Mailing Address 600 West Las Olas Blvd.		11 15 2011
City Ft. Lauderdale	State Zip Code FL 33312	Transaction ID : SA11AI.9929 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (optional)	······	1115.00
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or for commercial purposes, other than using	the name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	TERVENTIONAL PAIN PHYSICIAN	N PAC
Full Name (Last, First, Middle Initial) Bharat Patel MD Mailing Address 4001 Tradovinds Trail		Date of Receipt
Mailing Address 4091 Tradewinds Trail		12 30 2011
City Merritt Island	State Zip Code FL 32953	Transaction ID : SA11AI.9971 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Millennium Management Manag.	Occupation Physician	Contribution
Receipt For: Primary Other (specify)	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Elmer Pinzon MD Mailing Address 1300 Watersong Lane	Date of Receipt	
City Knoxville	State Zip Code TN 37922	Transaction ID : SA11AI.9924 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer University Spine and Sports	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) C. Michael Poss MD		Date of Receipt
Mailing Address 1818 Amherst Street		07 06 _2011 _
City Winchester	State Zip Code VA 22601	Transaction ID : SA11AI.9858 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2000.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
SUBTOTAL of Receipts This Page (optional) >	2865.00
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or for commercial purposes, other than using t	he name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INT	ERVENTIONAL PAIN PHYSICIAN	I PAC
Full Name (Last, First, Middle Initial) Kenneth Powell MD		Date of Receipt
Mailing Address 301 E. Bay Street		M - M / D - D / Y - Y - Y - Y - Y - Y - Y - Y - Y - Y
City	State Zip Code	Transaction ID : SA11AI.9901
Jacksonville	FL 32202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	Contribution
Self	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	700.00	
Full Name (Last, First, Middle Initial) 3. David Provenzano MD	Date of Receipt	
Mailing Address 702 Augusta Drive	11 08 2011	
City	State Zip Code	Transaction ID : SA11AI.9918
Bridgeville	PA 15017	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	Contribution
Self	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Abdul Qadir MD		Date of Receipt
Mailing Address 28 Crossing Drive		09 12 2011
City Linwood	State Zip Code NJ 28221	Transaction ID : SA11AI.9878 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	Contribution
Advanced Anesthesia	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	565.00	
SUBTOTAL of Receipts This Page (optional)		1165.00
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NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	TERVENTIONAL PAIN PHYSICIAN	N PAC			
Full Name (Last, First, Middle Initial) Francis Riegler MD Mailing Address 3827 Castlerock Rd.		Date of Receipt			
City Malibu FEC ID number of contributing	State Zip Code CA 90265	07 27 2011 Transaction ID : SA11AI.9867 Amount of Each Receipt this Period			
federal political committee. Name of Employer Universal Pain Mgmt. Receipt For: Primary Other (specify)	Occupation Physician Aggregate Year-to-Date ▼	167.00 Contribution			
Full Name (Last, First, Middle Initial) Francis Riegler MD Mailing Address 3827 Castlerock Rd.	Date of Receipt 08 27 2011				
City Malibu FEC ID number of contributing federal political committee.	State Zip Code CA 90265	Transaction ID : SA11AI.9876 Amount of Each Receipt this Period 167.00 Contribution			
Name of Employer Universal Pain Mgmt. Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 1002.00	_			
Full Name (Last, First, Middle Initial) Francis Riegler MD Mailing Address 3827 Castlerock Rd. City Malibu	State Zip Code CA 90265	Date of Receipt 09 27 2011 Transaction ID : SA11AI.9882			
FEC ID number of contributing federal political committee. Name of Employer Universal Pain Mgmt. Receipt For: Primary General Other (specify)	CA 90265 C Occupation Physician Aggregate Year-to-Date ▼ 1169.00	Amount of Each Receipt this Period 167.00 Contribution			
SUBTOTAL of Receipts This Page (optional)	501.00			
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or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	ERVENTIONAL PAIN PHYSICIAN	
Full Name (Last, First, Middle Initial) Francis Riegler MD Mailing Address, 2027 Coeffeest, Rd		Date of Receipt
Mailing Address 3827 Castlerock Rd.		10 27 2011
City Malibu	State Zip Code CA 90265	Transaction ID : SA11AI.9891 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	167.00
Name of Employer Universal Pain Mgmt.	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1336.00	
Full Name (Last, First, Middle Initial) Francis Riegler MD Mailing Address 3827 Castlerock Rd.	Date of Receipt	
City Malibu	State Zip Code CA 90265	Transaction ID : SA11AI.9945
FEC ID number of contributing federal political committee.	C 90205	Amount of Each Receipt this Period 167.00
Name of Employer Universal Pain Mgmt.	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1503.00	
Full Name (Last, First, Middle Initial) Francis Riegler MD		Date of Receipt
Mailing Address 3827 Castlerock Rd.		12 27 _ 2011 _
City Malibu	State Zip Code CA 90265	Transaction ID : SA11AI.9956 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	167.00
Name of Employer Universal Pain Mgmt.	Occupation Physician	Contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1670.00	
SUBTOTAL of Receipts This Page (optional)		501.00
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or for commercial purposes, other than using	the name and address of any political committee t	o solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	TERVENTIONAL PAIN PHYSICIAN	N PAC			
Full Name (Last, First, Middle Initial) Greg Ruhland MD Mailing Address 80 Pauahi Street Suite 104 City Hilo FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	State Zip Code HI 96720 C Occupation Physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt 10 27 2011 Transaction ID: SA11AI.9887 Amount of Each Receipt this Period 500.00 Contribution			
Dr. Francis Saldanha MD Mailing Address 4507 Staunton Avenue City	Date of Receipt 11 22 2011				
Charleston	State Zip Code WV 25304	Transaction ID : SA11AI.9936			
FEC ID number of contributing federal political committee.	C 25304	Amount of Each Receipt this Period 2000.00			
Name of Employer Self Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 2000.00	Contribution			
Full Name (Last, First, Middle Initial) Morris Scherlis MD Mailing Address 3103 Providence Point SE City	Morris Scherlis MD Mailing Address 3103 Providence Point SE				
Owens Cross Roads FEC ID number of contributing federal political committee.	AL 35763	Transaction ID : SA11AI.9932 Amount of Each Receipt this Period 1000.00			
Name of Employer Self Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 1000.00	Contribution			
SUBTOTAL of Receipts This Page (optional)		3500.00			
TOTAL This Period (last page this line numb	per only)				

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NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	NTERVENTIONAL PAIN PHYSICIAN	N PAC				
Full Name (Last, First, Middle Initial) A. Dr. David Schultz Mailing Address 5950 Ridge Road	Dr. David Schultz					
City Shorewood	State Zip Code MN 55331	12 28 2011 Transaction ID : SA11AI.9960				
FEC ID number of contributing federal political committee.	C 55331	Amount of Each Receipt this Period 5000.00				
Name of Employer MAPS Receipt For:	Occupation Physician	- Contribution				
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00					
Full Name (Last, First, Middle Initial) Vijay Singh MD Mailing Address 1601 Roosevelt Road	Date of Receipt					
City Niagra	State Zip Code WI 54151	Transaction ID : SA11AI.9966 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	2000.00				
Name of Employer Pain Diagnostic Associates	Occupation Physician	Contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00					
Full Name (Last, First, Middle Initial) David Spight		Date of Receipt				
Mailing Address 1190 Academic Way		12 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City Haslett	State Zip Code MI 48840	Transaction ID : SA11AI.9947 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	1000.00				
Name of Employer Self	Occupation Physician	Contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00					
SUBTOTAL of Receipts This Page (optional	u)	8000.00				
TOTAL This Period (last page this line num	nber only)					

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NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF II	NTERVENTIONAL PAIN PHYSICIA	N PAC
Full Name (Last, First, Middle Initial) Timothy Staacke MD		Date of Receipt
Mailing Address 14121 Evans Lane		12 30 / Y = Y = Y = Y
City	State Zip Code	Transaction ID : SA11AI.9969
Sturtevant	WI 53177	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	Contribution
Aurora Medical Group	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) . Marvin Tark MD		Date of Receipt
Mailing Address 400 Tower Road North E	ast Ste 350	M = M / D = D / Y = Y = Y
City	State Zip Code	11 08 2011
Marietta	GA 30060	Transaction ID : SA11AI.9902
	OA 30000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	Contribution
Self	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Michael Trimba MD	·	Date of Receipt
Mailing Address 2417 Ocean Avenue		11 12 2011
City	State Zip Code	Transaction ID : SA11AI.9894
Brooklyn	NY 11229	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	Contribution
Advanced Pain Care Medical PC	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1500.00	
SUBTOTAL of Receipts This Page (options	al)	2500.00
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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INT	ERVENTIONAL PAIN PHYSICIAN	I PAC
Full Name (Last, First, Middle Initial) Timothy Ward MD Mailing Address 185 Feathergrass Lane		Date of Receipt
		08 26 2011
City Thomasville	State Zip Code GA 31792	Transaction ID : SA11AI.9872 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer South Georgia Anes. Assn.	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Timothy Ward MD Mailing Address 185 Feathergrass Lane		Date of Receipt 09 26 2011
City Thomasville	State Zip Code GA 31792	Transaction ID : SA11AI.9879
FEC ID number of contributing federal political committee.	C 31792	Amount of Each Receipt this Period
Name of Employer South Georgia Anes. Assn.	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) C. Timothy Ward MD		Date of Receipt
Mailing Address 185 Feathergrass Lane		10 27 2011
City Thomasville	State Zip Code GA 31792	Transaction ID : SA11AI.9892 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer South Georgia Anes. Assn.	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (optional)		450.00
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INT	ERVENTIONAL PAIN PHYSICIAN	I PAC
Full Name (Last, First, Middle Initial) Timothy Ward MD		Date of Receipt
Mailing Address 185 Feathergrass Lane		11 27 2011
City Thomasville	State Zip Code GA 31792	Transaction ID : SA11Al.9946 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer South Georgia Anes. Assn. Receipt For: Primary General Other (specify) —	Occupation Physician Aggregate Year-to-Date ▼ 750.00	Contribution
Full Name (Last, First, Middle Initial) Timothy Ward MD Mailing Address 185 Feathergrass Lane		Date of Receipt 12 27 2011
City Thomasville	State Zip Code GA 31792	Transaction ID : SA11AI.9957 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer South Georgia Anes. Assn. Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 900.00	Contribution
Full Name (Last, First, Middle Initial) Bradley Wargo MD Mailing Address PO Box 7868		Date of Receipt 08 08 2011
City Paducah	State Zip Code KY 42002	Transaction ID : SA11AI.9869 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Pain Management Center of Padu Receipt For:	Occupation Physician	Contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		800.00
TOTAL This Period (last page this line number	r only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	3	30	OF	44
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or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	TERVENTIONAL PAIN PHYSICIAN	I PAC
Full Name (Last, First, Middle Initial) K. Dean Willis MD Mailing Address 107 Williams & Bread Prival		Date of Receipt
Mailing Address 107 Williams & Broad Drive		11 15 2011
City Brownsboro	State Zip Code AL 35741	Transaction ID : SA11AI.9930 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	3000.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
Full Name (Last, First, Middle Initial) Manoj Wunnava MD Mailing Address 109 Bennington Pkwy		Date of Receipt
City	State Zip Code NC 27713	12 28 2011 Transaction ID : SA11AI.9963
Durham FEC ID number of contributing federal political committee.	C 2//13	Amount of Each Receipt this Period 365.00
Name of Employer Chapel Hill Hospital	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)		3365.00
TOTAL This Period (last page this line numb	er only)	57076.28

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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INT	ERVENTIONAL PAIN PHYSICIAN	N PAC
Full Name (Last, First, Middle Initial) Bantera Bank Mailing Address 3454 Jackson Street		Date of Receipt
Mailing Address 3151 Jackson Street		07 31 2011
City	State Zip Code	Transaction ID : SA17.9996
Paducah	KY 42003	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	9.35
Name of Employer	Occupation	Monthly earned interest
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 10426.82	
Full Name (Last, First, Middle Initial) Bantera Bank Mailing Address 2454 Jackson Street	·	Date of Receipt
Mailing Address 3151 Jackson Street		07 31 2011
City	State Zip Code	Transaction ID : SA17.9997
Paducah	KY 42003	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	373.65
Name of Employer	Occupation	Dividends earned
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 10800.47	
Full Name (Last, First, Middle Initial) Bantera Bank		Date of Receipt
Mailing Address 3151 Jackson Street		07 31 2011
City Paducah	State Zip Code KY 42003	Transaction ID : SA17.9998 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	416.11
Name of Employer	Occupation	Change in investment
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 11216.58	
SUBTOTAL of Receipts This Page (optional)		799.11
TOTAL This Period (last page this line number		

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Full Name (Last, First, Middle Initial) Bantera Bank		Date of Receipt
Mailing Address 3151 Jackson Street	State 7in Code	08 31 2011
City Paducah	State Zip Code KY 42003	Transaction ID : SA17.9999
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer	Occupation	Monthly earned interest
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 11232.29	
Full Name (Last, First, Middle Initial) Bantera Bank		Date of Receipt
Mailing Address 3151 Jackson Street		08 31 2011
City	State Zip Code	Transaction ID : SA17.10000
Paducah	KY 42003	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	288.68
Name of Employer	Occupation	Dividends earned
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 11520.97	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 3151 Jackson Street		09 30 _ 2011 _
City Paducah	State Zip Code KY 42003	Transaction ID : SA17.10001 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	16.04
Name of Employer	Occupation	Monthly earned interest
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 11537.01	
SUBTOTAL of Receipts This Page (ontion	nal)	320.43
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TOTAL This Period (last page this line nu	mber only)	

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NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INTE	RVENTIONAL PAIN PHYSICIAN	PAC
Full Name (Last, First, Middle Initial) A. Bantera Bank		Date of Receipt
Mailing Address 3151 Jackson Street		09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Paducah	State Zip Code KY 42003	Transaction ID : SA17.10002 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	845.67
Name of Employer	Occupation	Dividends earned
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 12382.68	
Full Name (Last, First, Middle Initial) 3. Bantera Bank		Date of Receipt
Mailing Address 3151 Jackson Street		10 31 2011
City Paducah	State Zip Code KY 42003	Transaction ID : SA17.10003
FEC ID number of contributing federal political committee.	C 42003	Amount of Each Receipt this Period 6.89
Name of Employer	Occupation	Monthly earned interest
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 12389.57	
Full Name (Last, First, Middle Initial) C. Bantera Bank		Date of Receipt
Mailing Address 3151 Jackson Street		10 31 _ 2011 _
City Paducah	State Zip Code KY 42003	Transaction ID : SA17.10004 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	833.27
Name of Employer	Occupation	Dividends earned
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 13222.84	
SUBTOTAL of Receipts This Page (optional)		1685.83
TOTAL This Period (last page this line number of	only)	

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NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INTE	ERVENTIONAL PAIN PHYSICIAN	I PAC
Full Name (Last, First, Middle Initial) Bantera Bank Mailing Address 3151 Jackson Street City Paducah FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code KY 42003 C Occupation Aggregate Year-to-Date ▼ 20299.70	Date of Receipt 10 31 2011 Transaction ID: SA17.10005 Amount of Each Receipt this Period 7076.86 Change in investment
Full Name (Last, First, Middle Initial) Bantera Bank Mailing Address 3151 Jackson Street City Paducah FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code KY 42003 C Occupation Aggregate Year-to-Date ▼ 20308.59	Date of Receipt 11 30 2011 Transaction ID : SA17.10006 Amount of Each Receipt this Period 8.89 Monthly earned interest
Full Name (Last, First, Middle Initial) Bantera Bank Mailing Address 3151 Jackson Street City Paducah FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code KY 42003 C Occupation Aggregate Year-to-Date ▼ 20603.93	Date of Receipt 11 30 2011 Transaction ID: SA17.10007 Amount of Each Receipt this Period 295.34 Dividends earned
SUBTOTAL of Receipts This Page (optional)	<u> </u>	7381.09
TOTAL This Period (last page this line number	only)	

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Full Name (Last, First, Middle Initial) Bantera Bank Mailing Address 3151 Jackson Street		Date of Receipt
City Paducah FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code KY 42003 C Occupation Aggregate Year-to-Date ▼ 20617.57	Transaction ID: SA17.10022 Amount of Each Receipt this Period 13.64 Monthly earned interest
Full Name (Last, First, Middle Initial) Bantera Bank Mailing Address 3151 Jackson Street City Paducah FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code KY 42003 C Occupation Aggregate Year-to-Date ▼ 22904.65	Date of Receipt 12 31 2011 Transaction ID: SA17.10023 Amount of Each Receipt this Period 2287.08 Dividends earned
Full Name (Last, First, Middle Initial) Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code C Occupation Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)	<u> </u>	2300.72
TOTAL This Period (last page this line numb	er only)	12487.18

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C.	Bantera Bank						Date	of D	isburse	emei	nt			
•	Dantera Dank						M		/ D			YY	Υ	
	Mailing Address 3151 Jackson Street						12			1		2011		
	City	State	Zip Code											
	Paducah	KY	42003				ıra	nsac	tion ID	: 5	B21B.10)020		
	Purpose of Disbursement Payment for credit card fees				_	\neg								
	Candidate Name						Amo	unt o	f Each	Dis	burseme	ent this	Perio	d
	Candidate Name				egor ype	y/						52	5.55	П
	Office Sought: House Disbursen	nent For:			ype			_	7		7			
	Senate	Primary	General											
	President	Other (spe	cify) 🔻											
	State: District:													
Г								_	-				_	$\overline{}$
s	UBTOTAL of Disbursements This Page (optional)					•			7		,	3810	0.13	
H									-					Ī
1	OTAL This Period (last page this line number only)					•			,		7			

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S	CHEDULE B (FEC Form 3X)			 ∩P	LINE	NII	JMBEF	g .			P	AGF	40	OF	44
	EMIZED DISBURSEMENTS	Use separate schedule(s)		_	k only			١.							
		for each category of the Detailed Summary Page		X	21b 27	F	22 28a		23 28b		24 280	,	25 29	F	26 30b
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\setminus	NAME OF COMMITTEE (In Full)														
	AMERICAN SOCIETY OF INTERV	ENTIONAL PAIN P	HYS	SIC	AAI:	l F	PAC								
Α.	Full Name (Last, First, Middle Initial)						Date (of Di	ichurca	am/	ant				
Λ.	Bantera Bank						M	_		D	- / F	Y	YY	Y	
	Mailing Address 3151 Jackson Street						12		3	31	Ц	_ 2	2011		
	City S Paducah	State Zip Code KY 42003					Tran	sact	tion ID) : \$	SB21E	3.100	21		
	Purpose of Disbursement	42003				-									
	Change in investment						Amou	nt of	Each	Di	sburse	emen	t this	Peri	iod
	Candidate Name		Cate	ego:				Ξ	7		,		101	6.53	
	Office Sought: House Disbursen Senate President	nent For: Primary General Other (specify)													
	State: District:	· · · · · · · · · · · · · · · · · · ·													
В.	Full Name (Last, First, Middle Initial)						Date of	of Di	isburse	eme	ent				
	Mailing Address					-	M = 1	VI /	D	D	1	Y = Y	Υ	Y	
	,	State Zip Code													
	Purpose of Disbursement		_		\neg		Amou	nt of	Each	Di	sburse	emen	ıt this	Peri	iod
	Candidate Name		Cate	egoi	ry/			-	-				-		
	Office Sought: House Disbursen	ant For		ype				-	7		7				-
	Senate	Primary General													
	State: District:	Other (specify) ▼													
_	Full Name (Last, First, Middle Initial)					T									
C.							Date				ent				
	Mailing Address						M = 1	M /	D	D]	Y \	/ II Y	Y	
	City	State Zip Code													
	Purpose of Disbursement		-	_	_										
	Candidate Name		Cate	ego	ry/		Amou	nt of	Each	Di	sburse	emen	t this	Peri	iod
	Office Sought: House Disbursen			-		1			7		7				
	Senate President	Primary General													
	State: District:	Other (specify) ▼													
	UBTOTAL of Disbursements This Page (optional)					_	Τ.	-	-		-	-	101	6.53	\neg
L	ODITIAL OF DISDUISEMENTS THIS FAGE (OPTIONAL)						H	÷	7			+	#		=
Т	OTAL This Period (last page this line number only)				•				7				1901	3.87	

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 41 OF 44
ITEMIZED DISBURSEMENTS	Use separate schedule(s) Check only	NOMBELL.
TILIMIZED DIODONOLINIENTO	for each category of the Detailed Summary Page	21b	22 🗙 23 24 25 26
	Detailed outlittary 1 age	27	28a 28b 28c 29 30b
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or for commercial purposes, other than using the n	ame and address of any polit	ical committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	VENITIONIAL BAINI	D. IV. (O. O. A. A.	
angle AMERICAN SOCIETY OF INTER	VENTIONAL PAIN I	PHYSICIAN	PAC
Full Name (Last, First, Middle Initial)			
A. BEN CHANDLER FOR CONGRE	SS		Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address P. O. Box 12678			09 16 2011
City	State Zip Code		
Lexington	KY 40508		Transaction ID : SB23.9979
Purpose of Disbursement			
Political Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	5000.00
A.B. III CHANDLER		Туре	3000.00
Office Sought: House Disburs	ement For: 2012 Primary General		
President	Other (specify)		
State: KY District: 06			
Full Name (Last, First, Middle Initial)			
B. BEN CHANDLER FOR CONGRE	SS		Date of Disbursement
			M - M / D - D / Y - Y - Y - Y
Mailing Address P. O. Box 12678			09 16 2011
City	State Zip Code		
Lexington	KY 40508		Transaction ID: SB23.9980
Purpose of Disbursement Political Contribution			
Candidate Name			Amount of Each Disbursement this Period
A.B. III CHANDLER		Category/ Type	5000.00
	ement For: 2012	Турс	, , , , , , , , , , , , , , , , , , , ,
Senate	Primary Seneral		
President	Other (specify) ▼		
State: KY District: 06	_		
Full Name (Last, First, Middle Initial)			B . (B)
C. BOOZMAN FOR ARKANSAS			Date of Disbursement
Mailing Address 322 NORTH BLOOMINGTON S	IITE Δ-R		07 26 2011
Maining Address 522 NORTH BEGOWING FOR S	SILAB		0. 20.
City	State Zip Code		Transaction ID : SB23.9973
LOWELL Purpose of Disbursement	AR 72745		Transaction 12 1 022010010
Political Contribution			Assessed of Early Disharm assessed this Bosins
Candidate Name		Catamanul	Amount of Each Disbursement this Period
JOHN BOOZMAN		Category/ Type	5000.00
Office Sought: House Disburs	ement For: 2016		
Senate >	Primary General		
President President	Other (specify) ▼		
State: AR District: 00			
SUBTOTAL of Disbursements This Page (optional			15000.00
OODTOTAL OF DISDUISEMENTS THIS Page (Optional			
TOTAL This Period (last page this line number on	y)		

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 42 OF 44
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the Detailed Summary Page	(check only 21b 27	
Any information copied from such Reports and States or for commercial purposes, other than using the nar			
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INTERV	/ENTIONAL PAIN I	PHYSICIAN	PAC
Full Name (Last, First, Middle Initial) A. BUCK MCKEON FOR CONGRES	S		Date of Disbursement
Mailing Address 23942 Lyons Ave #105			10 20 2011
Santa Clarita	State Zip Code CA 91321		Transaction ID : SB23.9982
Purpose of Disbursement Political Contribution			Amount of Each Disbursement this Period
Candidate Name HOWARD P 'BUCK' MCKEON		Category/ Type	3000.00
Senate President	ment For: 2012 Primary General Other (specify)		
State: CA District: 25 Full Name (Last, First, Middle Initial) 3. CRAWFORD FOR CONGRESS Mailing Address Ro Rev 40050			Date of Disbursement
Mailing Address PO Box 16956 City	State Zip Code		11 14 2011
Jonesboro Purpose of Disbursement	AR 72403		Transaction ID : SB23.9987
Political Contribution Candidate Name ERIC ALAN RICK CRAWFORD		Category/	Amount of Each Disbursement this Period 3000.00
Office Sought: House Disburser	ment For: 2012 Primary General Other (specify)	Туре	
Full Name (Last, First, Middle Initial) GENE GREEN CONGRESSIONA	L CAMPAIGN		Date of Disbursement
Mailing Address PO BOX 16128			07 28 2011
HOUSTON	State Zip Code TX 77222		Transaction ID : SB23.9974
Purpose of Disbursement Political Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
Candidate Name RAYMOND E. 'GENE' GREEN Office Sought: Senate President State: TX District: 29	ment For: 2012 Primary General Other (specify)	Туре	

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 43 OF 44
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and Staten	nonte may not be cald as		
or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)			
AMERICAN SOCIETY OF INTERV	ENTIONAL PAIN PI	HYSICIAN	PAC
Full Name (Last, First, Middle Initial)	_		Data of Bishamana
A. GEORGE ALLEN FOR US SENATE			Date of Disbursement
Mailing Address 2819 NORTH PARHAM ROAD			10 24 2011
SUITE 210			
	State Zip Code VA 23294		Transaction ID : SB23.9986
RICHMOND Purpose of Disbursement	VA 23294		
Political Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	5000.00
GEORGE ALLEN	_	Type	5000.00
	nent For: 2012		
	Primary General Other (specify)		
State: VA District: 00	(op-on)/ \		
Full Name (Last, First, Middle Initial)			
B. GUTHRIE FOR CONGRESS			Date of Disbursement
Mailing Address To Town			M - M / D - D / Y - Y - Y - Y
Mailing Address PO BOX 9639			07 26 2011
City S BOWLING GREEN	State Zip Code KY 42102		Transaction ID : SB23.9972
Purpose of Disbursement	42102		
Political Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	5000.00
STEVEN BRETT GUTHRIE Office Sought:	pont For: Code	Туре	3000.00
	nent For: 2012 Primary General		
	Other (specify)		
State: KY District: 02			
Full Name (Last, First, Middle Initial)			
C. HOEKSTRA FOR SENATE			Date of Disbursement
Mailian Adduses (00 MONDOE METHOD STORES			11 29 2011
Mailing Address 190 MONROE AVENUE NW SUITI	= 3UU		11 29 2011
City	State Zip Code		Transaction ID : SB23.9995
GRAND RAPIDS	MI 49503		ו ווטווסמכנוטוו . סב25.3355
Purpose of Disbursement Political Contribution		· · ·	
Candidata Nama			Amount of Each Disbursement this Period
PETER HOEKSTRA Category/			2500.00
Office Sought: House Disbursen	nent For: 2012		
	Primary General		
President District: 00	Other (specify) ▼		
State: MI District: 00			
SUBTOTAL of Disbursements This Page (optional)			12500.00
COSTOTAL OF DISDUISEMENTS THIS Page (Optional)		·····	

SCHEDULE B (FEC Form 3X)		EOD LINE	NUMBER: PAGE 44 OF 44	
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE NUMBER: PAGE 44 OF 44 (check only one)		
TI ENTILLE DISDOTTSLIVILIATS	for each category of the Detailed Summary Page	21b	22 🔀 23 24 25 26	
	Detailed Suffillary Page	27	28a 28b 28c 29 30b	
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or for commercial purposes, other than using the nat				
NAME OF COMMITTEE (In Full)				
$ \; angle$ AMERICAN SOCIETY OF INTERV	/ENTIONAL PAIN P	HYSICIAN	PAC	
<u> </u>				
Full Name (Last, First, Middle Initial)			Data of Dishurasment	
A. KISSELL FOR CONGRESS			Date of Disbursement	
Mailing Address P.O. BOX 1530			11 22 2011	
5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
City	State Zip Code		Transaction ID : SB23.9991	
BISCOE	NC 27209		Transaction ID . 3B23.9991	
Purpose of Disbursement Political Contribution			Amount of Fook Dichurance this Device	
Candidate Name		السيا	Amount of Each Disbursement this Period	
LARRY W KISSELL		Category/ Type	5000.00	
	ment For: 2012	. ypc		
Senate	Primary General			
President	Other (specify) ▼			
State: NC District: 08				
Full Name (Last, First, Middle Initial)				
B. UPTON FOR ALL OF US			Date of Disbursement	
Mailian Adduses D.O. D. 100			M = M / D = D / Y = Y = Y	
Mailing Address P.O. Box 490			10 04 2011	
City	State Zip Code		Transaction ID - CD22 0004	
St. Joseph	MI 49085		Transaction ID : SB23.9981	
Purpose of Disbursement Political Contribution				
Candidate Name			Amount of Each Disbursement this Period	
FREDERICK STEPHEN UPTON		Category/ Type	5000.00	
	ment For: 2012	туре		
Senate	Primary General			
President	Other (specify) ▼			
State: MI District: 06				
Full Name (Last, First, Middle Initial)				
C. WOMACK FOR CONGRESS CON	MITTEE		Date of Disbursement	
Marie Add De Source		M M / D D / Y Y Y Y Y		
Mailing Address PO BOX 508			09 08 2011	
City	State Zip Code			
ROGERS	AR 72757		Transaction ID: SB23.9978	
Purpose of Disbursement Political Contribution				
			Amount of Each Disbursement this Period	
Candidate Name STEVE WOMACK		Category/	1000.00	
	ment For: 2012	Туре	7 7	
Senate Sought.	Primary General			
President	Other (specify) ▼			
State: AR District: 03	• • • • •			
SUBTOTAL of Disbursements This Page (optional).			11000.00	
			47000 00	
TOTAL This Period (last page this line number only)		47000.00	